

CureTB

Moving Contact Investigation

Referred by: _____ E-Mail: _____ Date: _____

¹ Index Case Name: _____ Date of Birth: _____ Sex: ☐ M ☐ F
Paternal Maternal First

Infectious Period of Index Case: ____/____/____ to ____/____/____

Contact's Name: _____		Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth: _____																				
Relationship to case: _____		Expected move date: _____ To: <input type="checkbox"/> Mexico <input type="checkbox"/> US																					
Risk Factor: <input type="checkbox"/> *Child ≤ 5 yrs old <input type="checkbox"/> HIV/AIDS <input type="checkbox"/> Immunosuppression: _____																							
Contact's Address: _____																							
		Number, Street	Phone#: _____																				
City, State, Zip Code																							
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¹ Send this information along with the Binational Notification form (CureTB: BN-50).

County of San Diego
 Health and Human Service Agency
 Public Health Services • TB Control
 Tel. (619) 542-4013 • Fax (619) 692-8020
 E-Mail: curetb.hhsa@sdcounty.ca.gov

CureTB: CN-47M (6/12)

